

Policy Information**Series 3000 - Community Relations****VOLUNTEER APPLICATION**

Policy # 3150 F.1

PENFIELD CSD APPLICATION FOR VOLUNTEERS

Personal Information:

Date: _____

Name:

(Last) (First) (Middle)

Address:

(Street) (City) (State) (Zip)

Phone Number:

(Home) (Work)

General:

What volunteer services are you willing to perform? _____

References List below three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	PHONE NO.	YRS.KNOWN

Have you ever been convicted of a crime other than a routine traffic violation? () YES () NO If yes, please provide details and explanations on the reverse side of this application.

Emergency Information In case of emergency, please notify:

Name	Address	Phone
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My signature below permits the District to contact any or all references listed if necessary. I acknowledge and agree to abide by all district policies.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE -- OFFICE USE ONLY

<!--[if !vml]-->	<!--[if !vml]-->
><!--[endif]-->	><!--[endif]-->
>Reviewed By: _____	>Signature: _____

Remarks:

<!--[if !vml]-->
><!--[endif]-->

Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
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Adoption Date: 2/24/2009
3000 - Community Relations